Improving medication completion among TB cases Healthy People (HP) 2010 Indicator 14-12

PHN contribution to (county/city) Public Health Improvement Plan for 2002
Assessment:
In (county/city), Tuberculosis incidence is as follows for the past years. Insert SPA incidence data here for tuberculosis showing how it is distributed by race, ethnic group, gender, immigration status for each of the past years.
In (county/city), medication completion rates for TB cases have been as follows for each of the pastyears. Insert table here showing completion rates over past years total and by gender, race, ethnic group, immigration status, health district, etc.
Tuberculosis in (county/city) differs from or is similar to the state wide profile in the following ways: Insert county/city/state comparison data here.
Describe the factors that influence medication completion rates for TB cases in (county/city). For instance, do cases not complete medication because they are homeless and move around, move out of district, get incarcerated, etc? Aim to answer the question, "What are the factors that contribute to the TB cases in the county/city not completing their medication?"
Diagnosis:
NOTE: If the health department can promise improvement in TB medication completion rates for all TB cases, then so state here. If there are no resources available to promise improvement in all, then under this heading describe in what way the extent to which TB medication completion rates are worse for different groups. For instance: TB completion rates are% in (county/city), but the TB completion rate among the homeless population in (county/city) is%; therefore the focus of improvement efforts will be on the homeless population.
Identifying Outcomes:
Outcome Objective
By (date),% of TB cases among the population in (county/city) will complete curative therapy within 12 months (baseline for this population in the county/city for 2001 was and the state baseline for 2001 was for this population.) (HP 2010 baseline was 74% for 1996 and the HP 2010 target is 90% for the nation).

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Planning and Action:

Intermediate Objectives

[DEFINITION: Intermediate objectives link the outcome objectives to the process objectives. They describe the changes that will occur that ultimately result in or produce the desired outcome. They are precursors to attaining the outcome. Intermediate objectives have shorter time frames and clearly reflect what can be accomplished and measured within the time period of the program plan. Intermediate objectives assess measures, which have a high probability of reducing a health problem or increasing resiliency/capacity. These objectives measure the impact of specific interventions designed to achieve the outcome. Intermediate objectives measure changes in organizations, laws, policies, and power structures at the systems level, changes in community norms, attitudes, awareness, beliefs, practices, and behavior at the community level, and knowledge, attitude, beliefs, values, skills, circumstances, behaviors, and practices at the individual/family level.]

The following are examples of possible/suggested Intermediate Objectives related to increasing TB medication completion rates based on best practices from PHN experience.

1.	By <i>(date)</i> , the broken TB clinic appointment rate will decrease by%
	among the population in (county/city) (from a baseline of
	% in 2001 to%), as evidenced by
2.	By (date),% of clients within the population in
	(county/city) who experience a complication related to TB treatment will have been detected in the early stages and dealt with in a manner that maximizes medication completion, as evidenced by
3.	By (date), there will be a% decrease in the number of clients among
	the population in (county/city) who develop MDR TB
	(baseline of% in 2001 in county/city), as evidenced by
	·
4.	By (date),% of clients within the population in
	(county/city) will receive DOT (baseline of% in 2001 in county/city) as evidenced by
5.	By (date),% of private providers who are treating TB clients within
	the population in (county/city) will have policies in place to
	increase TB treatment adherence, as evidenced by
6.	By (date), the clerical staff will clearly articulate their role and
	responsibilities in supporting TB treatment adherence, as evidenced by

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Using one of the above examples, the following is a demonstration of how the process extends from the Intermediate Objective to the Process Objectives, which describe the action/interventions.

EXAMPLE:

Process	Ob	jectives	for	Intermed	diate	Obj	ectives	1,	2,	<u>3</u> :

Process Objective 1:

be carried	out within a specified tin	ne frame. Process object	tervention. They detail the specific to ives describes the input; the means de inputs, participation, and reaction	by which
	By <i>(date)</i> ,	% of the	population in	_
			case management program, a	
	evidenced by the c	completion of a PHN	TB assessment that is docume	ented with
	the PHN TB Asses			
			agement, screening; Individual/Fa	amily,
	Primary, Secondary,	, and Tertiary preventio	n)	
Proce	ess Objective 2: By, PHN:	s will	·	
Proce	ess Objective 3:	s will		

And so on...

Under the direction of the local health department nursing director, other relevant intermediate objectives should be developed that address the Outcome Objective as well as specific Process Objectives that address each Intermediate Objective.

NOTE: Ultimately, the Outcome Objective of increasing TB medication completion among the population will only be achieved if other disciplines and the community contribute in identifying Intermediate and Process Objectives.

Evaluation

Each Process Objective and Intermediate Objective should have a mechanism by which to evaluate whether or not the objectives were accomplished.

There should be a mechanism by which to track progress toward achieving the Outcome Objective.